

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

35044

## 1. PLACE OF DEATH

County.....

Registration District No. *781*

Township.....

Primary Registration District No. *1003*City *St Louis Mo* (No. ....)

Sanitarium

File No. ....

Registered No. *9257*

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. *5339 Arsenal* St. *13* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *46* yrs. *4* mos. *27* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*Male*

4. COLOR OR RACE

*White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*May 30 1887*

7. AGE

YEARS

*46*

MONTHS

*4*

DAYS

*25*

If LESS than 1 day, .... hrs. .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*Stonecutter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

*Unknown*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *Unknown*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*St. Louis Missouri*

13. NAME

*Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Germany*

15. MAIDEN NAME

*Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*St. Louis Missouri*

17. INFORMANT (ADDRESS)

*CA Schmiesing 5400 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Sunset Burial Pl.* DATE *Oct. 27 1933*

19. UNDERTAKER (ADDRESS)

*Ziegenhain Bros. 2723 Cherokee St.*

20. FILED

*27 1933**J. F. Bredeck Registrar*

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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 25 1933*22. I HEREBY CERTIFY, That I attended deceased from *Sept 15 1931* to *Oct 25 1933*I last saw him alive on *Oct 25 1933* Death is saidto have occurred on the date stated above, at *9:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*26 Chronic Myocarditis**10/25/33**107A**497*

Other contributory causes of importance:

*Bronchitis Pneumonia and sepsis**10/25/33*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) *Edward A Schmiesing M.D.*(Address) *5400 Arsenal*

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

LABORATORY OF PHYSICAL CHEMISTRY

CHICAGO, ILLINOIS

1950

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APR 10 1950

FROM

DR. J. H. DILLON

CHICAGO, ILLINOIS